EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor USA COMMERCIAL MORT GAGE COMPANY TOPIA CANCH	Case Number 0b-10725(LBR)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address BON FIGLIO & ASSOCIATES LTD PENSION PLAN 86 35 WEST SAMAND AVENUE PMA 320 LMS VEGAS, NEVINA 89117 Creditor Telephone Number (10) 1991-2677 Last four digits of account or other number by which creditor identifies	of an aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS I ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file ag THIS SPACE IS FOR COURT USE ONLY
Account 12: 6768 CLIENT 10: 5926	Check here replace or amen	a previously filed claim dated _
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Retiree benefits as defined in 11 U S of Wages salaries and compensation (f Last four digits of your SS # Unpaid compensation for services per	C § 1114(a) Unremitted principal Unit below) Other claims against sen (not for loan balances)
2 DATE DEBT WAS INCURRED 61105	3 IF COURT JUDGMENT, DATE O	(date) (date)
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or by exceeds the value of the property securing it or if c) none or only part of y entitled to priority) your claim	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Value of Collateral	\$ 22,000.00
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage an secured claim if any	d other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	s services for personal family o Taxes or penalties owed to gov Other Specify applicable para * Amounts are subject to adjus	rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8) sigraph of 11 U S C § 507(a) () timent on 4/1/07 and every 3 years thereafter ceed on or after the date of adjustment
(unsecured)	75,000,00 \$ (secured)	\$ (priority) (Total)
Check this box if claim includes interest or other charges in addition to the CREDITS. The amount of all payments on this claim has been as		
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	uments. such as promissory notes purc agreements and evidence of perfection documents are voluminous attach a sun	hase orders invoices itemized statements of of lien DO NOT SEND ORIGINAL inmary
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)	nt by mail or hand delivered (FAXES N n, prevailing Pacific time on Novembe	OT THIS SPACE FOR COUR'
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 DATE Sign and print the game and title if any of the	BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Frank'in Avenue El Segundo CA 90245	
this clam (affect copy of power of attor		1072501860

HUMB K. Honfigles James R. BONFIGLIO, TRUSTER

. Case 00-10725-gwz D0C 8322-3	<u> </u>	<u>lereu uurzzitt tu.z</u>	4.44 ray	<u> </u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA Name of Debtor	PRC Case Nu	OOF OF CLAIM		
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expearising after the commencement of the case A 'request for payment or administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONL	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 11321242034332	,	to your claim Attach copy of statement giving particulars	DEBTORS YOU DECEMBED THIS	OO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
CARLTON DANIEL		Check box if you have never received any notices	BORROWER HEI	D IN THE COLLECTION ACCOUNT
4697 HOOKTREE ROAD TWENTYNINE PALMS CA 92277		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the	If you have aire	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (760 341 5104		court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	ebtor	Check here replace		
1116		if this claim amer	a previously	filea claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salanes and compensation (Other claims against servicer
Services performed Taxes	_	digits of your SS #	an out below)	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED	la IF C	OUDT HIDOMENT BATE	D'EAUED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE Of the your claim and state the amo		he time case filed
See reverse side for important explanations		SECURED CLAIM	one of and oldsin de l	no uno dade med
UNSECURED NONPRIORITY CLAIM \$			our claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	your claim ur claim is	a right of setoff)		od by conditional filloloding
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 18,5	500,000:00
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward services for personal family of	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		- ' ' ' '
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable par		
Contributions to an employee benefit plan - 11 0 5 C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	50,0	00000 \$	occ on or alter the	\$
AT TIME CASE FILED (unsecured)	(\$	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	lited and c	leducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , mortgages security at DOCUMENTS. If the decrease of the supporting documents are supported to the support of the support o	ıareement	s and evidence of perfection	oftien DONO	oices itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain If the do 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent	hy mail :	or hand delivered (EAVEC)	IOT	THO OD CO.
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	. prevailin	g Pacific time, on Novemb	er 13 2006	THIS SPACE FOR COURT USE ONLY
(governmental units)				
Bivic Group	BMC Gro			
P O Box 911	1330 Eas	CM Claims Docketing Cente t Franklin Avenue	r	FILED JAN 1 0 2007
DATE SIGN and print the name and fitter if any of the		do CA 90245		n पुरक्किकाल प्राप्त -
this claim (attach copy of power of attorn	ey if any)	outer person authorized to file	1	USA CMC
8 JAN 2007 / WILLIAM		\triangle		1070541000
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to	5 years or both 18 USC §§	152 AND 3571	10/2501969

PROOF OF CLAIM	e 4 0† 11
Name of Debtor USA CAPITAL FIRST TRUST Deed Case Number	
	IC
Ittiis tottit should not be ased to make a claim for all administrative expense	Edu off # 8 2006.
arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	
Name of Creditor and Address to your claim Attach copy of statement giving particulars	
DANIEL O CARLTON & TAKEKO CARLTON Check box if you have never received any notices	
	'HIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NOT
4697 HOOKTREE RD Check box if this address ONE OF THE D Check box if this address	
	lready filed a proof of claim with the irt or BMC you do not need to file again
	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor Check here replaces	sly filed claim dated
if this claim or a previous	ny med claim dated
1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Wages, salaries, and compensation (fill out below)	Other claims against service
Services performed Taxes Last four digits of your SS #	(not for loan balances)
Money loaned Unpaid compensation for services performed from	to
2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim a	t the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	
Check this box if a) there is no collateral or lien securing your claim or b) your claim.	cured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff) entitled to priority Brief description of collateral	
UNSECURED PRIORITY CLAIM Real Estate Motor Vehic	cle Dother
Check this box if you have an unsecured claim all or part of which is	
Amount entitled to priority \$ Amount of arrearage and other charge	, 500, 000, 00
Specify the priority of the claim secured claim, if any \$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lea	se or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units Other - Specify applicable paragraph of 11 U S	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07	and every 3 years thereafter
with respect to cases commenced on or after the state of	ne date of adjustment
AT TIME CASE FILED (unsecured) (secured) (priority)	Ψ(Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statemen	, ,
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this process.	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, in running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO N DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary	nvoices, itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-address proof of claim	ed envelope and copy of this
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and	USE ONLY
governmental units) BY MAIL TO BY MAIL TO	Itiled Note
BMC Group BMC Group	alacham
P O Box 911 1330 East Franklin Avenue	1 / 1 × 0 /× 0000
El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and propulse and type and ty	-
his class the copy of power of attorney if any).	USA FIRST TRUST
22-09-2006 DANIEL CARITONS TOKEKO CARITON	

UNITED STATES BANKRUPTCY GOURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA COMMERCIAL MARTGAGE CO	\$6.	-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative explaining after the commencement of the case A request for payment of the case A request		Check box if you are aware that anyone else has filed a proof of claim relating to		
administrative expense may be filed pursuant to 11 U S C § 503		your claim Attach copy of	1	
Name of Creditor and Address いろとしてもあるから	i	statement giving particulars		
THE ERIC NOEL CARTAGENA TRUST		Check box if you have never received any notices	Į	
CIO ERIC N. CARTAGENA TRUSTEE		from the bankruptcy court or		HIS PROOF OF CLAIM FOR A
2066 FLAG AVENUE SOUTH		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT BTORS
ST LOWS PACK MN 55426		Check box if this address differs from the address on the envelope sent to you by the		ready filed a proof of claim with the t or BMC you do not need to file again
Creditor Telephone Number (413) 203-30 4		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replace or amen	a previousi	y filed claim dated 17 OCT &
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (f		Other claims against servicer
Services performed Taxes	_	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	ompensation for services per	rformed from	(date) (date)
2 DATE DEBT WAS INCURRED 913 04	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	unt of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$				ANCH
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo		Check this box if you a right of setoff)	our claim is secu	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Other
entitled to priority		Value of Collateral	\$ UN	KNOWN
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go		• .,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	•	, , , , , , , , , , , , , , , , , , , ,
		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	50,0	\$0.00		\$ 50,000.00
(unsecured) Check this box if claim includes interest or other charges in addition to the	,	ecured) amount of the claim Attach iter	(priority) mized statement ((Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	ited and d	educted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the documents are not available.	greements	and evidence of perfection	of lien DO NO	voices itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, cogovernmental units).	prevailin	g Pacific time on Novembe	er 13 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		FD 11011 4 0 0000
Attn USACM Claims Docketing Center P O Box 911	Attn JSA 1330 East	CM (laims Docketing (enfei Franklin Avei ue	· F	LED NOV 1 3 2006
El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the		other person authorized to file		USA CMC
8 NOV 66	ey-fany)	outer person authorized to life		1072501372

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

I orm B10 (Official Form 10) UNITED STATES BANKRUPTCY COURT	DISTRICT OF NE	VADA	DDOOF OF CLAIM #
owned states and the cook.			PROOF OF CLAIM-Cfffpler;
Name of Debtor USA Commercial Mortga	ge Company	Case Number BK-01-10725-1 BR	(This space for court use)
NOTE. This form should NOT be used to make a claim of an A "request" for payment of an administrative expende into be	filed pursuant to 11 U.S.	name after the commencement of the case.	
Name of Creditor (The person or other entity to whom the del property)	for owes money or	Check box if you are aware	
Ernest W Libman Trustee		that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name and Address where notices should be sent Ernest W Libman et al Trust		statement giving particulars	
c/o Ernest Libran Trustee		Check box is you have never received any nonces from the	[
1709 Glenview Drive		bankruptcy court in this case	
Las Vegas, NV 89134-6121		Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone No. (702) Sec. Attachment			
Account or other number by which creditor identifies debtor Tapia Ra	anch	Check here if this claim	usly filed claim, dated
I BASIS FOR CLAIM		Retire benefits as defined in 11 USC	§ 1114(a)
Goods sold		☐ Wages salaries and compensation (F) Your Social Security #	ILL OUT BELOW)
☐ Services performed ☑ Money loaned		Unpaid compensation for services pe	rformed from
Personal injury / wrongful death Taxes		(date) (date)	
☐ Other			
2 Date Debt was incurred		3 If court judgment date obtained	, , , , , , , , , , , , , , , , , , ,
4 Total amount of claim at time case filed \$ 170,000 if all or part of your claim is secured or entitled to priority. 2 Check this box if claim includes interest or other charge.	Iso complete item 5 or 6	(Secured) \$ (Priority) \$ 170, i below	
Secured Claim Check this box if your claim is secured by collateral (incl.)		6 University Claim Check this box if you have an unse	
Brief description of collateral		Amount entitled to priority S Specify the priority of the claim	<u> </u>
Real Estate Motor Vehicle		□Wages, salaries or commission	ns up to \$4,650° carned with 90 days before fitting of the
□Other		USC § 507(a)(3)	on of the debtor's business, whichever is earlier - 11
value of collateral \$		Up to \$2 100° of deposits tow	benefit plan = 11 U S C § 507(a)(4) and purchase, lease or rental of property Or services for
Amount of arrearage and other charges at time case filed inc		personal family or household	port owed to a spouse former spouse or child - 11
if any	luded in secured claim,	Taxes or penalties owed to see	vernmental unus 11 USC § 507(a)(8) paragraph of 11 USC § 507(a)()
\$		Amounts are subject to adjustment on to cases commenced on or after the date	4/1/78 and every three years thereafter with server
7 Credits The amount of all payments on this claim has been 8 Supporting documents. Attach copies of supporting documents attach copies of supporting documents of running accounts, contracts court judgments, DO NOT SFND ORIGINAL DOCUMENTS. If the document attach a summary 9 Date-Stamped copy to receive an acknowledgment of the envelope and a copy of this proof of claim.	ments. Such as promusso mortgages: security agree ents are not available: ex	or the purpose of making this proof of claim. It is notes purchase orders invoices, itemized iments, and evidence of perfection of her plain. If the documents are voluminous.	(This space for court use)
Date Sign and print the name and to (attach copy of power of attorne	itle If any of the credito	r or other person authorized to file this claim	
Penalty for presenting front land		Ernest W Libman Trustee	
SBC form effective 04-01-01	rine of up to \$500 (00 or imprisonment for up to 5 years or	both 18 U.S.C. §§152 and 3571

FILED NOV 0 9 2006



PROOF OF CLAIM YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID 🚐 Case Number Name of Debtor Amount/Classification \$ 50,000 **USA Commercial Mortgage Company** 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case. A request' for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim If Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 11321240002195 other claim against the Debtor you do not need to file Check box if you have this proof of claim EXCEPT as stated below LEWIS H FINE & ARLENE J FINE SIF directed + R Vo First Trust of Onago, Ks never received any notices **PO BOX 487** If the amounts shown above are listed as Contingent, from the bankruptcy court or OAKLEY UT 84055 0487 BMC Group in this case Unliquidated or Disputed, a proof of claim must be Check box if this address ACCT #5363 If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court Creditor Telephone Number (43) THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated _ or amends if this claim 1 BASIS FOR CLAIM Unremitted principal Retiree benefits as defined in 11 U S C § 1114(a) ☐ Goods sold Personal injury/wrongful death Wages salaries and compensation (fill out below) Other claims against servicer (not for loan balances) Services performed Taxes Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURÉD CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) (_ Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 4253,44 40,000 AT TIME CASE FILED (unsecured) (secured) (pnority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group **BMC** Group FILED DEC 0 4 2006 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 0911 El Segundo CA 90245 DATE SIGN and prnt the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Fine

UNITED STATES BANKRUPTCY COURT	PROC	ed 06/22/11 10: LAIM	24:44 Page 8 of 11
DISTRICT OF NEVĂDA	PROG	'. /LAIIVI	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Numb		Schedule/Glern ID
USA Commercial Mortgage Company	06-10725	1	Amount/Classification \$1,40,000
Sort Commortal mortgage Company		` -	\$12,051 00 Unapol
NOTE See Reverse for List of Debtors and Case Numbers			1
This form should not be used to make a claim for an administrative exp		(you ire	11,909-69
arising after the commencement of the case A 'request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an aw	(∢ls∍ has) (im relating	The amounts reflected above constitute your claim as
Name of Creditor and Address	to /		scheduled by the Debtor or pursuant to a filed claim if
113212400	107		you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below
LEWIS H FINE & ARLENE J FINE Lewis H Fig. PO BOX 487 OAKLEY UT 84055 0487 Self- directe	INST BAY	a J y courtor ⊢p ⊢t case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed
# ACT 5491 MO1292 KS	diffe	l i hi address i dr ss on the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (43) - 640 - 0610	COLI		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	replac	es
4 2400 502 01 414	ıf t	a amen	a previously filed claim datedds
1 BASIS FOR CLAIM	Retiree benefi	a 'n din 11 US	
Services performed Taxes	Wages salan	,	ill out below) Other claims against service (not for loan balances)
Money loaned	Last four digit Unpaid compe		town although
	Onpaid Compe	e vices per	(date) (date)
2 DATE DEBT WAS INCURRED	3 IF COURT	G WENT DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describe your	r i a side the amour	t of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$		LUPED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) you		P -4	ur claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ir claim is	ir intofisetoff) In fidesciption of	collateral
UNSECURED PRIORITY CLAIM			and the second second
Check this box if you have an unsecured claim all or part of which is entitled to priority			Motor Vehicle Other
Amount entitled to priority \$			
Specify the priority of the claim	1		d other charges at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	∏ Up I	f deposits towar	d purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	sen	ı) ; isonal family or	household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxe		ernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	∐ Oth:	, , , , , , , , , , , , , , , , , , , ,	graph of 11 U S C § 507(a) () ment on 4/1/07 and every 3 years thereafter
	with		ed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	140,00	* 	90969 \$ 151,90969
(unsecured)	(secured	•	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the	ie principal amour	nt Locain Attachiter	nized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred			aking this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts court judgments mortgages security and DOCUMENTS If the documents are not available, explain. If the	agreements and	d in nee of perfection	hase orders invoices itemized statements of of lien DO NOT SEND ORIGINAL nmary
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			d self addressed envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	, prevailing Pa	CI IC IME On Novemb	er 13, 2006 USE ONLY
for each person or entity (including individuals, partnerships, of governmental units)			iu
	BY HAND OR OV BMC Group	/EFNIGHT DELIVERY TO	FILED DEC.
Attn USACM Claims Docketing Center P O Box 911	Attn USACM C		FILED DEC 0 4 2006
El Segundo CA 90245 0911	El Segundo, CA	4 91 -	
DATE SIGN and print the pane and title if any other this claim (attach copy of power of titorn	v. if apply	per on suith orized to file	USA CMC
12/01/06 this claim (attach copy of power of attorn	Jim		1072501535
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5 years	ori n 1811SC §§ 152	AND 3571

ORDER STREET BANKER TO THE SOUTH	PRO	PROOF OF CLAIM		AIM IS SCHEDULED AS:
lame of Debtor:	Case Nu	imber:	Seited III (CARINE)	tion 3425
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica Sec	interest @ 12/2%
OTE: See Reverse for List of Debtors and Case Numbers. his form should not be used to make a claim for an administrative of rising after the commencement of the case. A "request" for payme dministrative expense may be filed pursuant to 11 U.S.C. § 503. Jame of Creditor and Address: 1132124 GEORGES 1987 TRUST DATED 12/23/87 C/O LEONARD J GEORGES & JEAN GEORGES COTRUSTEES 701 RANCHO CIR LAS VEGAS, NV 89107-4619	nt of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	The amounts reflected by the Discounties of the other claim against this proof of claim. If the amounts should be under the other claim is the amounts should be under the other than the	interest @ /2/2 % cited above constitute your claim as petion or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below. cown above are listed as Contingent, risputed, a proof of claim must be pady filed a proof of claim with the or BMC, you do not need to file again.
The transfer of the second sec	k til melanyahan periah dalah seriah terbelah sebagai sebia seriah seriah seriah seriah seriah seriah seriah s	envelope sent to you by the court.	1	E IS FOR COURT USE ONLY
reditor Telephone Number (704) 870-0805 ast four digits of account or other number by which creditor identifies Tapia Ranch	s debtor:	Check here repla	ces a previously	r filed claim dated:
. BASIS FOR CLAIM	Retiree	benefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages.	salaries, and compensation	(fill out below)	Other claims against servicer
Services performed Taxes		r digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly) ### Accused Int.		compensation for services pe	rformed from:	to (date) (date)
. DATE DEBT WAS INCURRED: Hugyst 30,200 A	~	OURT JUDGMENT, DATE (
. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes to		be your claim and state the amou	nt of the claim at the	a time case filed.
See reverse side for important explanations.		SECURED CLAIM		
JNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or be	A west daim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y	our claim is	a right of setoff).		
entitled to priority. INSECURED PRIORITY CLAIM		Brief description o		
Check this box if you have an unsecured claim, all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority.		Value of Collateral	: \$ 22,5	est 000,000
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage a secured claim, if any	ind other charges	at time case filed included in,
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	-	Up to \$2,225* of deposits tows	erd purchase, lease.	or rantal of proparty or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day	<u></u>	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(4)(4).	<u>_</u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable pan * Amounts are subject to adjust		
		with respect to cases commen	nced on or after the o	date of adjustment.
AT TIME CASE FILED: (unsecured) ZCCY KI	100,000.	00 plus \$	(priority) Rcc	\$100,000,00 thes rued 7 t. (0) 12/2 70
Check this box if claim includes interest or other charges in addition to	o the principal	I amount of the claim. Attach ite	emized statement o	of all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been of 'SUPPORTING DOCUMENTS: <u>Attach copies of supporting de</u> running accounts, contracts, court judgments, mortgages, securi DOCUMENTS. If the documents are not available, explain. If the DATE-STAMPED COPY: To receive an acknowledgment of proof of claim. 	ocuments. s	uch as promissory notes, pur	rchase orders, inv	voices, itemized statements of
proof of claim.				
The original of this completed proof of claim form must be a ACCEPTED) so that it is actually received on or before 5:00; for each person or entity (including individuals, partnerships governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	pm, prevaili s, corporati BY HAND BMC Gro Attn: US/ 1330 Eas	ing Pacific time, on Novami ions, joint ventures, trusts a OR OVERNIGHT DELIVERY TO JUD ACM Claims Docketing Cente at Franklin Avenue	ber 13, 2006 and D:	THIS SPACE FOR COURT USE ONLY
DATE SIGN and print the name and title, if any, of		ido, CA 90245		
Nov. 1, 2006 Trong It Small In the rains and title, it any, or this claim (attach copy of power of attach the state of the	M M	Learges	- /	

Case Ub- U725-0W2	41 كــــك	<u>lerea ub/22/111_10:2</u>	4.44 Paq	<u>e.10 01 1.1</u>
***	PRO	OOF OF CLAIM		
			l	
Name of Debtor	Case Nu	mber	[
ISA COMMERCIAL MICRTGAGE CO	0	6-10725 (LBK)		
NOTE See Reverse for List of Debtors and Case Numbers			1	
This form should not be used to make a claim for an administrative exp		Check box if you are	1	
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	aware that anyone else has filed a proof of claim relating	ŀ	
Name of Creditor and Address		to your claim Attach copy of	ļ	
to the second little on the little was the little w		statement giving particulars	ŀ	
11321241000446	•	Check box if you have	Į	
HART FAMILY TRUST DATED 8/30/99		never received any notices		
C/O DOLORES M HART TRUSTEE PO BOX 442		from the bankruptcy court or BMC Group in this case		HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
GENOA NV 89411-0442		l	ONE OF THE DE	
		Check box if this address differs from the address on the		eady filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number (73) 783 - 8613		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here repla	ces	
5420		if this claim arner		y filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salanes and compensation ((fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
Spritment				(date) (date)
2 DATE DEBT WAS INCURRED 9-38-04		OURT JUDGMENT, DATE C		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	ibe your claim and state the amo	ount of the claim at i	the time case filed
· ·		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 50 000 00 Check this box if a) there is no collateral or lien securing your claim or b)	vous alaim	Check this box if you	our daim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)		
entitled to priority		Brief description of	f collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	e D Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage a secured claim, if any		at time case filed included in
Specify the priority of the claim		secured claim, ir arry	P	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	_	Taxes or penalties owed to go		
business whichever is earlier - 11 U S C § 507(a)(4)	<u> </u>	Other - Specify applicable par		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	-	* Amounts are subject to adju-	• .	•
		with respect to cases commer		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 50 000 00 \$		\$		\$ 50,000
(unsecured)	(8	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach ite	emized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	dited and d	leducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>iments.</i> su	ich as promissory notes, pur	chase orders, inv	voices itemized statements of
running accounts contracts court judgments mortgages, security a	agreement	s and evidence of perfection	n of lien DO NO	OT SEND ORIGINAL
DOCUMENTS If the documents are not available explain If the d			•	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or				USE ONLY
governmental units)	•			L.,
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	0	FILED NOV 0 8 2006
Attn USACM Claims Docketing Center		ACM Claims Docketing Cente	Эг	1
P O Box 911	1330 Eas	t Franklin Avenue		Į.
El Segundo CA 90245-0911		do CA 90245		USA CMC
DATE SIGN and print the name and title if any of the third claim (attach copy of power of attorn		r other person authorized to file		
16/11/06 Nacares m 1/arx	r . 7	rusto o)		1072501093

No.		<u> </u>	'5-0W/ DOC	. 8544	1 5 E N	lerea ub/22/11 10.	<u> 24:44 Pac</u>	<u>le ll'olll</u>
UNIT		S BANKRU ICT OF NEV	PTCY COURT VADA		PRC	OF OF CLAIM		, , , , , , , , , , , , , , , , , , , ,
Name of Deb	tor				Case Nu	mber	1	
USA Comi	mercial M	lortgage C	ompany		06-107	'25-LBR		
This form should ansing after the o	not be used	to make a cla	d Case Numbers aim for an administr se A'request' for p ant to 11 USC § 5	payment c		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
7	ditor and CHULTE, J. 1973 N NELL AS VEGAS	AMES .IS #180	162 0 Be	42038553		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU I OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTER	S BEING SERVICED BY THE DO <u>MOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
0.44.7.1.1				3857		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telepho			9849 by which creditor in	dentifies d	ebtor			E IS FOR COURT USE ONLY
			014 RANCH		iobioi	Check here replain replain replain replain replain me	r a previously	filed claim dated
1 BASIS FOR C		D Parana			Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services pe		Taxes	l ınjury/wrongful de		_	salaries and compensation	(fill out below)	Other claims against servicer (not for loan balances)
Money loan			escribe bnefly)			digits of your SS # ompensation for services pe	erformed from	to
2 DATE DEBT V	WAS INCUR	RED /	08/05		3 IF CO	OURT JUDGMENT, DATE (OBTAINED	(date) (date)
		AIM Check to		boxes that		be your claim and state the amo		the time case filed
See reverse side	•	•				SECURED CLAIM		
Check this bo	ox if a) there is value of the pr	s no collateral o	r lien securing your cla it or if c) none or only	aim or b) y	your claim ur claim is	a right of setoff)		red by collateral (including
UNSECURED PI		AIM				Brief description o		Пол
Check this bo entitled to prid		an unsecured c	laım all or part of which	ch is		Real Estate Value of Collatera		Other
Amount entitle	ed to priority	\$				Amount of arrearage a	nd other charges	at time case filed included in
	nonty of the cla		0.0.000	() (A) (D)	-	secured claim if any		
Wages salar	es or commis	ssions (up to \$1 cy petition or ce	5 C § 507(a)(1)(A) or (0 000)* earned within essation of the debtor	180 days		Up to \$2 225* of deposits tow services for personal family Taxes or penalties owed to go	or household use -1	1 U S C § 507(a)(7)
i 💳		er - 11 U S C ee benefit plan	§ 507(a)(4) 11 U S C § 507(a)(5)	Ħ	Other - Specify applicable par * Amounts are subject to adju	ragraph of 11 U S C	§ 507(a) ()
5 TOTAL AMOU	INT OF CLA	JM \$		Φ.		with respect to cases comme	nced on or after the	date of adjustment
AT TIME CAS		ши ф	(unsecured)	\$_	50,0	ecured)	(prorty)	\$ 50,000 Total
			other charges in add		e principal a	amount of the claim Attach ite		(Total) f all interest or additional charges
7 SUPPORTIN	NG DOCUM unts contrac	MENTS <u>Attac</u>	ch copies of suppor ments mortgages	ting docui	<i>ments,</i> su- greements	educted for the purpose of r ch as promissory notes, pur s and evidence of perfection are voluminous, attach a su	chase orders inv	oices itemized statements of
	IPED COP					our claim enclose a stampe		l envelope and copy of this
ACCEPTED)	so that it is son or entity	actually rece	eived on or before	5 00 pm, rships, co	prevailing orporation	r hand delivered (FAXES I g Pacific time, on Novemb ns, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM P O Box 911 El Segundo O	I CA 90245-09	011			BMC Grou Attn USA 1330 East El Segund	CM Claims Docketing Cente Franklin Avenue o CA 90245		LED NOV 0 8 2006
DATE //-06	-06	SIGN and prin this clair	t the name and title if	any of the errot attorn	ev if anv)	other person authorized to file mes hee Se hul- IMA L SChUL	te Xe	USA CMC 1072501129
m		-			. / /			